



Addendum to Business Membership Application to Add and/or Remove Authorized Representative/s

- Attach the following:
- 1) Revised Operating Agreement or applicable document providing those authorized to conduct business
 - 2) Revised Affinity Certified Resolution for Depository Authorization
 - 3) Copy of one valid form of ID (Driver's License, Military/County/DMV ID Card, or Passport) for each new authorized signer.

Membership Number: 2090 Date: 03/27/2012

Business Name: HOVSAT INC

Business Address: 1 DAG HAMMARSKJOLD BLVD FREEHOLD, NJ 07728-5221

Mailing Address (if different): _____

I / We, KAREN GANDOLFO ANTRANIK SARKES the

☐ Sole Proprietor ☐ Limited Liability Company Manager/s ☐ Partners

☐ Corporate Owner/s ☐ Authorized Officer/s ☐ Club Principal/s

of the above named business, request and certify the following:

☒ ADD NEW AUTHORIZED REPRESENTATIVE/S

I/We certify that the individuals listed below are current representatives of said business and under our resolution are authorized to conduct business with Affinity. This addendum will remain in effect until the undersigned informs Affinity to remove or change the authorized representative/s via a revised Operating Agreement or applicable document providing those authorized to conduct business. The authorized representatives' authority to conduct business on the above named Business Membership will cease to exist upon Affinity learning of the death of the owner/s. I/we also certify the title and signature specimen set by the name of each authorized signer is true.

Name KAREN GANDOLFO	Title Authorized Representative	Percentage of Ownership (enter 0, if zero) 0	Signature Specimen 		
Home Address: Street [REDACTED]	City [REDACTED]	State NJ	Zip Code 11234	[REDACTED]	
Social Security Number [REDACTED]	Date of Birth [REDACTED]	Mother's Maiden Name [REDACTED]	Driver's License # (including State) [REDACTED]	Home Phone Number [REDACTED]	Email Address [REDACTED]
For CU Use Only: CIP	Year SS# Issued	State SS# Issued	ChexSystems Comments	BridgerInsight Comments	Employee:

Name ANTRANIK SARKES	Title Authorized Representative	Percentage of Ownership (enter 0, if zero) 0	Signature Specimen 		
Home Address: Street [REDACTED]	City HOLM	State NJ	Zip Code 07731	[REDACTED]	
Social Security Number [REDACTED]	Date of Birth [REDACTED]	Mother's Maiden Name [REDACTED]	Driver's License # (including State) [REDACTED]	Home Phone Number [REDACTED]	Email Address [REDACTED]
For CU Use Only: CIP	Year SS# Issued	State SS# Issued	ChexSystems Comments	BridgerInsight Comments	Employee:

Name ARTHUR HAVIGHORST	Title Authorized Rep	Percentage of Ownership (enter 0, if zero) 0	Signature Specimen 		
Home Address: Street [REDACTED]	City [REDACTED]	State NJ	Zip Code 07720	[REDACTED]	
Social Security Number [REDACTED]	Date of Birth [REDACTED]	Mother's Maiden Name [REDACTED]	Driver's License # (including State) [REDACTED]	Home Phone Number [REDACTED]	Email Address [REDACTED]
For CU Use Only: CIP	Year SS# Issued	State SS# Issued	ChexSystems Comments	BridgerInsight Comments	Employee:

Name	Title	Percentage of Ownership (enter 0, if zero)	Signature Specimen X		
Home Address: Street	City	State	Zip Code	[REDACTED]	
Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License # (including State)	Home Phone Number	Email Address
For CU Use Only: CIP	Year SS# Issued	State SS# Issued	ChexSystems Comments	BridgerInsight Comments	Employee:

Name	Title	Percentage of Ownership (enter 0, if zero)	Signature Specimen X		
Home Address: Street	City	State	Zip Code	[REDACTED]	
Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License # (including State)	Home Phone Number	Email Address
For CU Use Only: CIP	Year SS# Issued	State SS# Issued	ChexSystems Comments	BridgerInsight Comments	Employee:

**Plaintiff
Exhibit**

Membership Number: 712090

Date: 03/27/2012

Business Name: HOVSAT INC

☒ **REMOVE FORMER AUTHORIZED REPRESENTATIVE/S**

I/We certify that the individuals listed below are no longer representatives of said organization and no longer have the authority to transact business for same. Therefore, I/we hereby request Affinity remove the following person(s) as authorized representative/s on this business membership.

- | | |
|-------------------------------------|---------------------------------------|
| 1. <u>Arthur Havighorst</u>
Name | <u>Vice President</u>
Former Title |
| 2. _____
Name | _____
Former Title |
| 3. _____
Name | _____
Former Title |
| 4. _____
Name | _____
Former Title |
| 5. _____
Name | _____
Former Title |

OWNER/S, PARTNER/S, PRINCIPAL/S AND/OR OFFICER/S SIGNATURE/S

Signature/s below must be witnessed and sealed by a Notary Public. An Affinity employee can only notarize those signatures he/she witnesses. Therefore, if the Owner/s, Partner/s, Officer/s or Principal/s signing below cannot be present when initiating this addendum, his/her/their signature/s must be witnessed and sealed by a Notary Public before returning this form to Affinity.

Notary Public - SEAL - State of New Jersey Robin M. Cannon My Commission Expires 10/20/2014	In witness thereof, I have hereunto set my hand and seal this <u>24</u> day of <u>May</u> , 20 <u>12</u> Signed, sealed, and delivered in the presence of <u>Robin Cannon</u> Notary Public Commission Expires: <u>10/20/14</u>	X <u>[Signature]</u> Owner/Partner/Officer/Principal Date
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- SEAL - X Notary Public Commission Expires: _____	In witness thereof, I have hereunto set my hand and seal this _____ day of _____, 2_____ Signed, sealed, and delivered in the presence of X Owner/Partner/Officer/Principal Date
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- SEAL - X Notary Public Commission Expires: _____	In witness thereof, I have hereunto set my hand and seal this _____ day of _____, 2_____ Signed, sealed, and delivered in the presence of X Owner/Partner/Officer/Principal Date
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